

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:
"Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on September 2, 2003.



Judy Muzyk
Judy Muzyk

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) : Peter J. WILK et al.
SERIAL NO. : 09/514,928
FILED : 02/28/2000
FOR : Ultrasonic Medica Device and Associated Method
GROUP ART UNIT : 3737
EXAMINER : Maulin M. PATEL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COMMENT ON REASONS FOR ALLOWANCE

SIR:

In the Reasons for Allowance, the Examiner repeatedly refers to applicants' claim 39 as reciting pulses differentially "coned" to enable detection of respective series of reflected pressure waves. The word set forth in the claim 39 is "coded" not "coned."

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

By: R. Neil Sudol

R. Neil Sudol
Reg. No. 31,669
714 Colorado Avenue
Bridgeport, CT 06605-1601
(203) 366-3560

Dated: September 2, 2003

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
Alexandria, Virginia 22313-1450
Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 06/02/2003

R Neil Sudol
Coleman Sudol Sapone, P.C.
714 Colorado Avenue
Bridgeport, CT 06605-1601



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Judith Muzik	(Depositor's name)
<i>Judith Muzik</i>	(Signature)
September 2, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/514,928	02/28/2000	Peter J. Wilk	W07-428	9269

TITLE OF INVENTION: ULTRASONIC MEDICAL DEVICE AND ASSOCIATED METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	09/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, MAULIN M	3737	600-459000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. R. Neil Sudol
Henry D. Coleman
William J. Sapone

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wilk Ultrasound of Canada, Inc. Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

(a) The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee
 Advance Order - # of Copies 10

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0838 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) <i>R. Neil Sudol</i> (Date) <u>September 2, 2003</u>	NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.
<p>This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.</p> <p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>	
TRANSMIT THIS FORM WITH FEE(S)	